

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR DISCHARGE FROM TREATMENT	FILE NO.
---	--	-----------------

In the matter of _____

1. I, _____, state that the individual is subject to a one year
Name (type or print)

order of involuntary mental health treatment and I am

☐ the executive director of the community mental health services program for the county of residence of the individual.

☐ hospitalized in _____.
Name of hospital

☐ under a one year alternative or a one year combined treatment order under the supervision of

_____.

2. I object to the conclusion(s) in the periodic review report of _____
Name of patient/resident

dated _____ and filed with this court. The individual named in that report is not a person requiring continuing involuntary mental health treatment and should be discharged from the program.

3. Although the petitioner is not entitled as of right by statute to petition at this time, the petitioner believes that the individual should be discharged because the individual no longer requires involuntary mental health treatment for the following reasons: _____

4. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except as follows:

5. **I REQUEST** the court to set a hearing and order a discharge.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Do not write below this line - For court use only